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DATE: 7 February 2012

To: Members of the
HEALTH SCRUTINY SUB-COMMITTEE

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Ruth Bennett, Peter Fookes, Julian Grainger, William Huntington-Thresher, Tom Papworth, Catherine Rideout, Charles Rideout and Diane Smith

Non-Voting Co-opted Members

1 x Learning Disability Representative (vacancy)
Babul Ali, Bromley Federation of Housing Associations
Patricia Choppin, Bromley LINK
Angela Clayton-Turner, Bromley Mental Health Forum
Leslie Marks, Bromley Council on Ageing
Lynne Powrie, Carers Bromley

A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre on **THURSDAY 16 FEBRUARY 2012 AT 10.00 AM**

MARK BOWEN
Director of Resources

Copies of the documents referred to below can be obtained from
www.bromley.gov.uk/meetings

A G E N D A

- 1 **APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS**
- 2 **DECLARATIONS OF INTEREST**
- 3 **QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Monday 13th February 2012.

- 4 **MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 15TH NOVEMBER 2011 (Pages 3 - 8)**
- 5 **MATTERS ARISING FROM PREVIOUS MEETINGS (Pages 9 - 12)**

6 STROKE SERVICES IN BROMLEY (Pages 13 - 20)

7 DEMENTIA NEEDS ASSESSMENT (Pages 21 - 22)

8 ORPINGTON HEALTH SERVICES PROJECT (Pages 23 - 28)

9 BROMLEY LINK RESPONSE TO SOUTH EAST LONDON ACTION PLAN

This item to follow

10 NHS SOUTH EAST LONDON - BROMLEY INTERMEDIATE CARE CONSULTATION

NHS South East London is undertaking a consultation on Intermediate care on behalf the London Borough of Bromley.

Patients, carers and local people being consulted on proposed improvements to the Intermediate Care service in Bromley.

Views and feedback are important. Members of the committee are encouraged to submit their views through the following link:

<http://www.selondon.nhs.uk/bromleyintermediatecare>

Following the consultation a full report will be submitted to the sub-committee.

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 2.00 pm on 15 November 2011

Present:

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Peter Fookes, Julian Grainger,
William Huntington-Thresher, Tom Papworth,
Charles Rideout and Diane Smith

Angela Clayton-Turner, Leslie Marks, Lynne Powrie and
Colin Street

Also Present:

Councillor Robert Evans

5 APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS

Apologies were received from Councillor Catherine Rideout. Patricia Choppin and Keith Marshall also submitted apologies and Mr Colin Street and Mr Brebner Anderson attended as their respective alternates.

6 DECLARATIONS OF INTEREST

Councillor Diane Smith declared an interest as the LBB representative on the Bromley Healthcare Council of Governors. Mr Brebner Anderson declared an interest as a Community representative on the Bromley Healthcare Council of Governors. Councillor Judi Ellis declared that she was a case worker for Jo Johnson MP and Mr Colin Street declared that he was the Bromley LINK representative on the Orpington Hospital Project Team.

7 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Two questions were received from Members of the public and these are attached at **Appendix 1**.

8 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 19 JULY 2011

RESOLVED that the minutes of the meeting held on 19th July 2011 be signed.

9 MATTERS ARISING FROM PREVIOUS MEETINGS
Report RES11131

The Committee considered an update on matters outstanding from the meeting held on 19th July 2011.

RESOLVED that action taken on matters outstanding from the meeting held on 19th July 2011 be noted.

10 PROPOSED CHANGES AT ORPINGTON HOSPITAL

Dr Angela Bhan and Ms Diane Hedges attended the meeting and provided the Committee with an update regarding proposed changes at Orpington Hospital. The presentation was available to view along with the agenda papers on the Council's website.

During discussions a Member highlighted that there appeared to be some cynicism surrounding the processes and asked what action was being taken to add meaning to the engagement process. In response, Dr Angela Bhan highlighted that public meetings were being held to engage local people in the process of developing a vision for the future of Orpington Hospital. At one of the public meetings, a suggestion had been made that independent experts review the engagement process to ensure it was open and fair, and this suggestion was being progressed.

The Committee also considered the issue of the hydrotherapy pool and a Co-opted Member highlighted the strong local support for the pool. Ms Hedges noted that one of the available options was to market the hydrotherapy pool for non-NHS use to generate income.

A Co-opted Member also raised the issue of the sale of the estate. In response Dr Bhan reported that a business case had been submitted to NHS London outlining the use of capital receipts to invest in local health services. The Chief Executive of the NHS South East Cluster had indicated that a robust business case would be considered.

A Member questioned whether the facilities would be available to private providers. Dr Bhan confirmed that as part of the engagement process informal approaches would be made to a range of providers.

The Committee also highlighted the issue of parking and a Member suggested that the health service work in partnership with the Council to lobby Transport for London if any revisions to existing bus services were needed.

Dr Bhan and Ms Hedges highlighted that if substantial changes to services were proposed, a formal consultation period would begin in the New Year. The Chairman requested that if a formal consultation was progressed the Committee meet in January 2012.

11 UPDATE FROM OXLEAS NHS FOUNDATION TRUST

Ms Helen Smith and Mr Iain Dimond from Oxleas NHS Foundation Trust attending the meeting to provide an update on recent changes to the Trust.

- Changes to the configuration of services had taken effect on 3rd October 2011. The changes had been monitored carefully and no complaints arising directly for the changes to services had been received from patients or their families. The transfer of services had gone well and feedback continued to be submitted to the Stakeholder Reference Group, although it was likely that this body would be disbanded in the New Year.
- The Trust was seeking to create a Trust-wide centre of excellence and this would require a reconfiguration of beds.
- Four new volunteer drivers had been recruited in Bromley and as a result of spare capacity they had been able to undertake additional duties.
- The Trust had a small number of empty beds available every day.
- The Trust had recently undergone two Care Quality Commission (CQC) Inspections and feedback had been good.

In response to a question about rates of occupancy, Ms Smith confirmed that the level of across-the-Trust occupancy was around 92% for working adults and much lower for older adults.

A Co-opted Member questioned how patients accessed the volunteer transport service. Ms Smith confirmed that need was assessed on a case-by-case basis and that patients were referred to the transport service by staff.

In response to a question regarding the Triage Ward, Ms Smith acknowledged that the Trust needed to undertake a review of the distribution of in-patient staff.

Mr Dimond reported that the reconfiguration of adult services appeared to be working well and that the Trust had begun to work with GPs around the issue of referrals and the management of a number of conditions. Partnership working with Carers Bromley was continuing and the Trust's network of carer support had grown over the year. The Trust was also developing a more coherent and cohesive approach to encouraging individuals with mental health problems back into work, and the Trust was working with Job Centre Plus and other partners within the Borough to progress this.

The Chairman suggested it would be helpful for the Committee to hear more about the work being undertaken by Oxleas NHS Foundation Trust around employment at the future meeting.

12 UPDATE FROM SOUTH LONDON HEALTHCARE NHS TRUST

Dr Chris Streather had sent his apologies. Ms Avey Bhatia, Deputy Chief Nurse, South London Healthcare NHS Trust attended the meeting to provide the Committee with an update. Ms Bhatia tabled information relating to instances of pressure ulcer, information on dementia services and the Trust's Discharge Action Plan.

In terms of the CQC (Care Quality Commission) Action Plan, the Trust had received an unannounced inspection at the Woolwich site in September 2011. The Trust was also expecting CQC Inspections of the Princess Royal University Hospital (PRUH) and Queen Mary's Sidcup sites in the near future. CQC had visited the PRUH as part of their national Food & Nutrition and Dignity programmes. The Trust had undertaken a great deal of work in these areas and had received favourable reports from the CQC. The CQC had also undertaken a review of maternity services at the Trust. Whilst a few minor concerns had been identified, the overall service was considered to be performing well.

In response to a question from the Chairman, Ms Bhatia reported that the Trust would have to look to increase the capacity of maternity services and there would have to be a capital build in order to do this. Further details of this would be provided to the Committee in the New Year.

13 MODEL OF CARE FOR CANCER SERVICES

Tom Pharaoh, Senior Project Officer, London Health Programmes, provided an overview of the proposals for the model of care for cancer services. The local implications were not yet known and Mr Pharaoh reported that he was happy to attend a future meeting of the Sub-Committee to outline these to the committee. All hospital providers were currently engaged in the process and were working to improve cancer services. The central theory to the model was to ensure that specialist treatments were provided at centres of excellence whilst ensuring easy local access to more common treatments.

Mr Pharaoh acknowledged the need to ensure that hospitals worked with Primary Care to deliver diagnostic training to GPs.

A Member stressed the need to ensure that standardised advice was provided to patients and their families when treatment for cancer was being received.

The Chairman suggested it would be helpful for Mr Pharaoh to attend a future meeting once the local implications of the model were known.

14 BROMLEY LINK: DISCHARGE ARRANGEMENTS AT THE PRINCESS ROYAL UNIVERSITY HOSPITAL

As South London Healthcare Trust's Discharge Action Plan had just been circulated, the Chairman suggested that this issue be carried over to the next

meeting, in January 2012, to allow Bromley LINK to respond to the Action Plan.

RESOLVED that this issue be considered in January 2012.

The Meeting ended at 4.05 pm

Chairman

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Report No.
RES12046

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Health Scrutiny Sub-Committee

Date: 16th February 2012

Decision Type: Non-Urgent Non-Executive Non-Key

Title: **MATTERS ARISING FROM PREVIOUS MEETINGS**

Contact Officer: Helen Long, Democratic Services and Scrutiny Officer
Tel: 020 8313 4595 E-mail: Helen.long@bromley.gov.uk

Chief Officer: Mark Bowen, Director of Resources

Ward: N/A

1. Reason for report

- 1.1 This report updates Members on recommendations from previous meetings which continue to be "live".

2. **RECOMMENDATION(S)**

- 2.1 The Committee is asked to note the progress on recommendations made at previous meetings.

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Excellent Council.
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Financial

1. Cost of proposal: No cost
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £344,054
 5. Source of funding: Existing 2011/2012 Budget
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Staff

1. Number of staff (current and additional): There are 10 posts (9.22 fte) in the Democratic Services team.
 2. If from existing staff resources, number of staff hours: Maintaining the matters arising report takes less than an hour per meeting.
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Legal

1. Legal Requirement: No statutory requirement or Government guidance.
 2. Call-in: Call-in is not applicable. This report does not involve an executive decision
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Current Membership of the A&C PDS Committee (16 Members including Co-opted Members)
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

<u>Minute Number/Title</u>	<u>Decision</u>	<u>Update</u>	<u>Action</u>	<u>Completion Date</u>
19th July 2011				
4. South London Healthcare NHS Trust	That the Sub-Committee be provided with a breakdown of where pressure ulcers originated, for example whether patients had been admitted from residential homes, nursing homes or their own homes.	Dr Streather agreed to provide this information and suggested that it would be helpful for the Interim Director of Nursing to attend the next meeting of the Health Sub-Committee to answer more detailed questions.	SLHT	15 November 2011
4. South London Healthcare NHS Trust	That an update be provided on the Trust's Dementia Strategy.	Dr Streather undertook to provide a written update to the Sub-Committee.	SLHT	TBA
4. South London Healthcare NHS Trust	That Bromley LINK's report on discharge at the PRUH be added to the agenda for the next meeting.	To be considered at the meeting on 16 th February 2012.	Democratic Services Officer	15 November 2011
15th November 2011				
11. update from Oxleas NHS Foundation Trust	That Oxleas NHS Foundation Trust provides an update on work being undertaken around employment.		Oxleas	TBA
12. Update from South London Healthcare NHS Trust	A report on the consideration of an Increase in the capacity of maternity Services.		SLHT	TBA
13. Model of Care for Cancer Sufferers.	Mr Tom Pharaoh, Senior Project Officer to attend a future meeting once the local implications of the model were known.		London health Programmes	TBA
14. Bromley LINK: Discharge arrangements at	Bromely LINK to respond to the action plan		Bromelyy LINK	16 February 2012

<u>Minute Number/Title</u>	<u>Decision</u>	<u>Update</u>	<u>Action</u>	<u>Completion Date</u>
the Princess Royal University Hospital				

LONDON BOROUGH OF BROMLEY

HEALTH SUB-COMMITTEE

DATE: 16th February 2012

SUBJECT: Stroke Services in Bromley

CONTACT OFFICER: Dr Nada Lemic, Director of Public Health
Dr Shivali Talsania, GP Clinical Associate

CONTACT DETAILS: Shivali.talsania@bromleypct.nhs.uk
01689 880690

Summary

This report provides an outline of stroke services in Bromley and the issues that currently impact on the delivery of best care. The report also highlights steps taken to map stroke services in Bromley and how we may deliver against the recommendations made by the 2010 CQC Review of Stroke Services in South East London. Various stakeholder groups have been involved with this project and we would like to thank the South London Cardiac and Stroke Network in their support of this piece of work.

Recommendations to the Committee

1. To acknowledge the report
2. To support the recommendations that have been made

Outline of Stroke Report

- 1.** Stroke in Bromley –Stroke data, stroke in context
- 2.** Stroke services and issues in Bromley including risk factor management
- 3.** Stroke pathway mapping event –Steering groups, support from Stroke and Cardiac Network
- 4.** Pre-hospital care and going forward
- 5.** Post-hospital care and going forward

1. Stroke in Bromley

Circulatory disease comprising heart disease and stroke form a significant cause of death in Bromley (33.9%, 2006-2010). Though stroke mortality has been falling since 1993, health inequalities do exist between different areas in Bromley.

The crude incidence for stroke is approximately 2.4/1000 of the population per year. The prevalence of stroke in Bromley has been stable over the last 2-years and sits at 1.61%. This is lower than the England average at 1.7% but higher than the London average at 1.1%. There are approximately 5362 stroke patients on the 2010/2011 disease register (reflecting the higher proportion of older people in Bromley) with an estimated 200 deaths/year.

1.1 In context

The 2010 CQC Review of Stroke Services in South East London focused on the post-hospital discharge part of the pathway through to long-term care and support in the community. A number of recommendations were made to Bromley:

- Improve secondary prevention measures
- Improve access to TIA services

- Develop an early supported discharge service
- Develop patient information and support services in the community
- Integrate social care to provide information and opportunities for patients returning to the community
- Improve sign-posting around life after stroke
- Provide appropriate performance indicators to address outcomes at 6-weeks, 6-months and 1-year post event

Establishing a stroke review group to conduct a detailed analysis of the stroke pathway, its gaps and agreeing how to move forward was in direct response to this review.

2. Stroke services in Bromley

The Princess Royal Hospital on the 18th of May 2011 launched a 6-bedded hyper-acute stroke unit (HASU) to care for patients post-thrombolysis and acute stroke. The aim was to increase bed capacity in phased response to a maximum of 18 beds. For the HASU and Acute Stroke Unit (ASU) to work efficiently, an early supported discharge (ESD) service would be required to enable a reduction in patient bed days. Bromley PCT at the same time delivered, through procurement, a specialist neuro-rehabilitation service providing therapy, nursing and sign-posting to patients with long-term chronic neurological conditions including stroke. The service was not commissioned exclusively for the benefit of stroke patients nor was there (at the time) capacity built in for an ESD service.

There are currently 2-transient ischaemic attack (TIA) clinics operating between 2-sites across SLHT. Though operational during working hours, 5-days a week, the service is not thought to be utilised to its full capacity. Most high risk patients continue to put pressure on accident and emergency services. There are thus opportunities for pathway re-development and better streamlining of patients to this service.

2.2 Stroke prevention

With respect to risk factor management, the most significant findings were the variation in care provided between practices, mainly around secondary prevention measures. With a variable stroke mortality rate between the most and least deprived areas, Bromley has scored significantly worse than the England average in the following areas:

- Hypertension prevalence (patients registered with hypertension 2007/2008)
- Blood pressure recordings in the last 15-months (patients registered with stroke or TIA 2008/09)
- Blood pressure readings of 150/90mmHg or less (patients registered with stroke or TIA 2008/09)
- Cholesterol recorded in last 15-months (patients registered with stroke or TIA 2008/09)
- Cholesterol readings 5nmol/L or less (patients registered with stroke or TIA 2008/09)
- New patients referred for further investigation (patients registered with stroke or TIA 2008/09)

There has also been a continuous rise in the prevalence of diabetes mellitus (DM) over the last 8-years from 1.6 to 5%. This represents a massive increase from 4846 in 2002 to 13, 307 in 2010. Additionally there is concern about the rise in the prevalence of hypertension in Bromley, which is currently higher than the national average (47.8% versus 43.9 for England and 41.1% for London) and has risen over the last 6-years.

3.0 Stroke pathway mapping event

On the 7th of November 2011, various stakeholder groups were invited to a workshop supported and facilitated by the South East-London Stroke and Cardiac Network. The aim was to map the Stroke pathway in Bromley and assess

where and how improvements in stroke care may be made. Two areas in particular were looked at in detail, stroke prevention and post-stroke care/rehabilitation. A group comprising acute clinician, specialist nurse, CHD-nurses and rehabilitation service manager were asked to assess prevention management while a second group comprising acute trust therapists, GPs, local authority and commissioning leads were asked to assess access to rehabilitation and community services as well as the delivery of 6-monthly post stroke reviews.

The workshop helped showcase a number of community service providers supporting stroke patients and how they may integrate within existing services.

Following discussion, steering groups were identified to develop strategies and techniques to implement change with a view to feeding back to the wider group after 6-months.

4.0 Stroke prevention and going forward

This group addressed stroke prevention and agreed that the following areas required further development and how that may be achieved:

- TIA services
 - Communication of service to wider healthcare community
 - Education and training in TIA management and onward referral
 - Practice based care of patients with TIA
 - Atrial fibrillation (AF) and stroke helpline

- Risk factor management including atrial fibrillation (AF)
 - Collaboration of health professionals working with stroke patients
 - Increase use of CHD nurses and practice leads
 - Incentivisation of care around AF and admission avoidance

The following actions were agreed:

1. TIA
 - a. Highlight the TIA service to GPs in a useable format
 - b. Delivery of educational events around management of TIA
 - c. Dr Piechowski (Consultant Neurologist, PRUH) volunteered as Clinical Champion in taking ideas forward
2. Atrial fibrillation (AF)
 - a. Dr Piechowski to join AF working group (led by Dr A. Parsons)
3. Hypertension and lipid management
 - a. Public health CHD/vascular nurses to develop a model for better engagement with primary care leads
 - b. Gillian Fiumicelli and Mary O'Sullivan to lead on this
4. DM
 - a. Public health diabetes group to continue audit of patients with metabolic syndrome

5.0 Post-stroke care and going forward

This group identified how to improve access to community based services and agreed that the following areas needed further development:

- Business proposal for an early supported discharge service
- Single point access referral system for GPs referring patients into community services
- Increased use of voluntary organisations e.g. Stroke Association to deliver sign-posting and case management reviews
- Delivery of 6-month post-stroke reviews offering the opportunity to re-engage with rehabilitation services

The following actions were agreed:

1. ESD
 - a. Yee Cho (Head of Non Acute Commissioning), Dr Shivali Talsania (GP Clinical Associate) to work on a business proposal for development of an ESD service with support from the Stroke and Cardiac Network.
2. Single point access referral system
 - a. Yee Cho currently engaged with developing the service
 - b. To be evaluated at 3-months with steering group
3. 6-month post stroke review
 - a. Clinical sub-group to develop a framework for 6-month reviews
 - b. Dr Jon Doyle (GP lead nominated by Dr A. Parsons) and Dr Piechowski to provide clinical leadership

Recommendations

The priority areas that have been identified through this work are essentially around prevention and post-stroke rehabilitation. The following will need to be achieved to improve stroke care in Bromley:

- 1. Improve access to TIA services and education around its management in primary care**
- 2. Improve education and management of risk factors in stroke**
- 3. Deliver an Early Supported Discharge Service (ESD) that can integrate within existing services**
- 4. Better manage referrals to community services through a single point access referral service**
- 5. Develop an effective model for delivering 6-monthly post-stroke reviews**

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Health Sub-Committee

Date of Meeting:	16th Feb 2012	Agenda Item No.	
Title:	Dementia needs assessment		
Contact Officer:	Dr Nada Lemic Director of Public Health Nada.lemic@bromleypct.nhs.uk 01689-880688		
	Dr Robert Aldridge Specialist Registrar in Public Health Robert.aldridge@bromleypct.nhs.uk 01689-880696		

1 BACKGROUND

The dementia health needs assessment aims to assess current and future health needs of adults with dementia in order to inform future commissioning. It does this by: describing the national and local context for this work; providing epidemiological information on the prevalence of dementia in adults; examining the size and severity of health issues and inequalities within the area to provide an assessment of needs; examining current service utilisation and identify unmet needs; consulting with key stakeholders including carers to obtain a wide range of views on local needs; and making recommendations for further action to improve care and outcomes for individuals with dementia.

2 PARTNERSHIP WORKING

The report was informed by work with patients, carers, statutory, voluntary and health service sectors from a wide range of services in Bromley. The partnerships formed will continue as the needs assessment is finalised and turned into a full strategy based on local and national guidelines.

3 OVERVIEW OF PRIORITIES

The dementia needs assessment is a new document which recommends the following priorities:

- Training should be focused to a greater extent on person-centred care.
- Mechanisms for continual improvement should be put in place for care homes and respite staff.
- Expansion of the memory service to the levels set out in the national dementia strategy should be strongly considered as this will improve the levels of early diagnosis and in the longer term should be either cost neutral or saving.

- Many separate organisations disseminate excellent information about dementia. However, stakeholders felt there was a need for these to be better coordinated which would reduce overlap and any inconsistencies that exists in the current multiple providers.
- Processes should be put in place to ensure all individuals are offered a social needs assessment, rather than having to request one or be specifically referred for review.
- People with dementia, while they have capacity, should have the opportunity to discuss the use of advance statements, advance decisions to refuse treatment and local protocols should be put in place to formalise these discussions.
- The development of psycho-educational and peer support programmes for carers should be supported.
- Additional work should be carried out to determine the requirement for a liaison service over and above the current informal provision which may not be sustainable in the longer term and such a service is important for the quality of inpatient care of people with dementia.
- Greater flexibility of respite care provision should be promoted as this was felt important for stakeholders.

4 CHALLENGES

Many challenges were identified by the report, however, in summary:

- Dementia is progressive and largely irreversible syndrome that is characterised by a widespread impairment of mental function.
- A significant population of black and minority ethnic groups have dementia as well as individuals with young onset dementia and learning difficulties who require tailored services to their needs which differ to the majority of those with dementia.
- There is good evidence regarding the costs and benefits of implementing the national guidelines for dementia.
- The memory service is not currently staffed at the levels as set out in the national dementia strategy and increasing its capacity and services should improve the number of people being diagnosed in the earlier stages of disease
- People with dementia and their carers should have the opportunity to discuss the use of advance statements, advance decisions to refuse treatment and local protocols should be put in place to formalise these discussions as they are not widely used or promoted amongst patients with dementia.
- Carers of people with dementia are able to have an assessment of emotional, psychological and social needs, however, it is not always offered and in many cases must requested by the carer.
- Meeting the needs for the provision of respite care for those with dementia is challenging and greater flexibility of respite care provision should be promoted as this was felt important for stakeholders.

5 RECOMMENDATIONS

The Board is asked to:

- Acknowledge the report
- Support further developments of dementia strategy in line with national policy

London Borough of Bromley Committee

Part 1 – Public

Decision maker: Health Scrutiny Sub-Committee

Date: 16 February 2012

Decision type: Non-Urgent Non-Executive Non-Key

Title: Orpington Health Services Project

Contact officer: Diane Hedges, Project Director Strategic Commissioning, NHS Bromley.

Email: Diane.hedges2@nhs.net. **Tel:** 01689 853339

1. Reason for report

1.1 This report updates Members on progress with the Orpington Health Services project and plans for further public engagement on proposals.

2. RECOMMENDATIONS / DECISIONS REQUIRED

2.1 The committee notes and endorses the review of health services in Orpington, based on the health needs assessment

2.2 The committee notes the ongoing work to reach recommendations and that potential options for engagement and consultation are being explored.

Corporate policy

1. Policy Status: N/A
2. BBB Priority: N/A

Financial

1. Cost of proposal:
There have been no additional NHS recurrent budgets identified to fund services specifically for this project. Any additional costs would need to fit with already planned QIPP efficiency programs identified or bring a new business case which demonstrates positive impact on health outcomes and/or financial benefit elsewhere.
2. Ongoing costs: as above
3. Budget head / performance centre: n/a
4. Total current budget for this head: n/a

5. Source of funding: NHS Bromley and other income sources for SLHT

Staff

1. Number of staff (current & additional): n/a
2. If from existing staff resources, number of staff hours: n/a

Legal

1. Legal requirement: Legal advice has been sought by NHS Bromley to help inform the appropriate level of engagement and consultation.
2. Call in: N/A

Customer Impact

1. Estimated number of users/beneficiaries (current & projected): all Bromley residents for dermatology and outpatients services. For the Orpington area a smaller catchment exists of around 100,000.

Ward Councillor Views

1. **Have Ward Councillors been asked for comments:** **Yes**
During the engagement phase of the project all Ward Councillors within Zones 1, 2 & 3 identified in the health needs analysis were contacted, sent a background information paper and offered a meeting. Meetings took place with Cllrs Chalsey, Evans, Ince, Fawthrop, Bennington, Scoates, Norrie,
2. **Summary of Ward Councillor comments:**
Councillors were generally supportive of the review of services and agreed that the proposed services should be retained in Orpington. Discussion focussed on the local access to services rather than concern for relocation of services away from an existing Orpington Hospital. Key themes and areas of concern were:
 - Sufficient parking was needed at any health care site
 - Parking at the PRUH needs attention if services are to move there
 - General support for the dispersal of phlebotomy services
 - General support for increasing care in community settings
 - Dementia care is needed locally
 - Support for delivering some services in local settings in Biggin Hill & the Crays

SUMMARY:

The project has developed the recommendations for the services required to meet the health needs of Orpington. The team has explored several scenarios over how to deliver these. A further public event was held on the 8th December in Crofton Halls, Orpington with more than 100 attendees who were updated on progress, daytime drop-in sessions also occurred in three locations. The style of events has ensured the process was inclusive and interactive. All questions were captured and have been displayed on the website with answers¹.

There continues to be some detailed work underway in analysing the finances underpinning the proposals. Further information is needed to determine the appropriate recommendations for the future of the Dermatology hub and the Hydrotherapy pool. The EQIA² supporting this project has been developed and highlights considerations needed in making any future decisions around hydrotherapy.

Once recommendations emerge there is a need to ensure NHS London and the PCT Chief executive are content. The issue of the nature of consultation needs to be discussed with the Bromley Overview and Scrutiny Committee and plans made for consultation as appropriate.

Orpington Services Project

The OSC received an update on 15 November 2011 on this project.

The OSC will recall Orpington Hospital and the necessary services to meet local needs for Orpington has been an unresolved issue since ‘A Picture of Health’ which left around half the building as unused once elective care moved off-site. Resolution for Orpington Hospital was one of the stipulations from the Independent Reconfiguration Panel feedback. SLHT has served notice to Commissioners that it will not provide services at Orpington Hospital in their current configuration after April 2012.

This short paper is intended to give the OSC an update on the progress of the Orpington Health Services project and outline the steps to get to consultation and then resolution.

1. Progress

1.1 Orpington Project Team has been established including the full range of Stakeholders (5 members of public drawn from voluntary sector LINK patient groups and League of Friends), GPs, Staff side, SLHT Clinicians and public health. The group covers both the Commissioner and Hospital ownership issues (SLHT) and have:

¹ <http://www.selondon.nhs.uk/a/1458>

² This can be found at http://www.selondon.nhs.uk/your_local_nhs/bromley/local_clinical_commissioning_committee

- Undertaken a needs assessment
- Identified the services required to meet needs
- Calculated the space requirement to deliver care
- Undertaken an option appraisal on the best site to deliver the new model of care and are currently completing the financials.

1.2 The group have explored the services needed to deliver the needs assessment and considered

- No change,
- Delivering these through a dispersed model and
- Creating a health and well being facility to co-locate services

The emerging preferences are to retain a local set of services.

The proposed new services bring together Practices and the essential community and diagnostic services to support Primary Care in a preventative model supporting the out of hospital care agenda.

Other outpatient services currently delivered in Orpington Hospital are proposed to be transferred to Princess Royal University Hospital – 2.6 miles away or for some specialist dental to go to Queen Marys

A health and well being facility is recommended to be developed and the option appraisal is considering if this should be delivered;

- In the current hospital.
- Rebuilt in a smaller footprint on a portion of the site.
- Located on the Orpington High Street or other off-site local location.

1.3 The subject of engagement and consultations would be on the services being provided, rather than the facility in which they will eventually be provided. So the focus of discussion around changes will be;

- Premises improvements and relocation for several GP Practices
- Increased preventative and health improvement activity with diagnostic support
- Transfer of outpatients from Orpington hospital to the PRUH
- Future locations and access for Hydrotherapy
- Dental services in Bromley and at Queen Marys
- Dispersal of some services such as phlebotomy and warfarin over time to increase very local access for patients
- Potential to bring alongside community physiotherapy, mammography, mental health support and other enabling services
- Location for the hub of SLHT dermatology service
- It is to be noted there is a parallel engagement run jointly with the local Authority, who are joint commissioners of the

intermediate care services, affecting the only inpatient beds on site (the intermediate care beds)

1.3 Looking at the proposed changes and latest legal advice from Capsticks, it maybe that the nature of the change to services is not substantial³ in the terms of section 242 (1B) of the National Health Service Act 2006, and so is not subject to a formal public consultation. However, we believe that any proposals will be enhanced, improved and more responsive to patients if we undertake some consultation/engagement process and we intend to do this and wish to consult with the Overview and Scrutiny committee about its' nature.

As we resolve some of the outstanding issues on finance and are able to make recommendations for the dermatology hub and hydrotherapy then NHS Bromley and SLHT will be able to assess how these proposals fit with the NHS Act and advise and discuss approaches with the Overview and Scrutiny committee accordingly.

1.5 An appraisal sought to explore how we could deliver any recommended co-located services and provide further information for consultation and inform any future business case. All location options require investment of capital to offer the modern healing environment. The business case will need to address how capital could be obtained to fund any redevelopment off or on site.

1.4 More work is continuing on financially assessing all scenarios and ensuring there is a viable solution which gives the right environment, offers all the services necessary to meet need and is affordable to all. Once this has concluded and there have been further conversations with the PCT Chief Executive and NHS London to ensure there would be support for the business case around capital which would underpin our proposals then the appropriate consultation as agreed with the OSC can be undertaken.

This financial analysis will seek to give a greater understanding of the impact of having the dermatology hub in the scenarios. We are also looking to understand the capital and revenue consequences if a hydrotherapy pool were to be provided in the rebuild scenario (it is understood it could not be re-provided in the offsite scenario). These two services are identified because the conclusion of the needs assessment did not determine that either the dermatology hub or the hydrotherapy pool were essential to be located in Orpington to meet patient need. The engagement process has clearly identified that their retention would however be a users preference. To give the most meaningful consultation we need to make recommendations on these services.

³ Regulation 4 of the OSC Regulations provides that where a "local NHS body...has under consideration any proposal for a substantial development of the health service in the area of a local authority, or for a substantial variation in the provision of such service, it shall consult the overview and scrutiny committee of that authority".

Due to the timelines involved in the project and the timing of SLHT board there has been a request for delegation of powers to the Chair and Chief Executive of SLHT to agree the content and scope of the consultation. The LCCC have previously indicated they will convene a special meeting of the LCCC if necessary for approval.

2. Engagement

- 2.1 There has been an extensive engagement approach to date involving two public meetings (>100 attendees each time), local drop in sessions, staff meetings, attendance at groups, published information on the website and stakeholders fully participating throughout. Individual meetings with all affected Councillors have been offered with many taking these up and valuing the opportunity. Meetings have been held with all key portfolio Councillors, the Bromley Council Leader and MP twice during the engagement phase.

3. Key issues raised

- 3.1 Our engagement work and ongoing project meetings have brought a number of issues to the forefront that we hope to address in the next stage of the project. These include:

- Transport/parking
- Hydrotherapy pool (funded 50% from local fundraising)
- Wanting to see the return of Operating theatres, increased maternity and other hospital services to fill the vacant space
- Patient experience
- Proceeds of any sale
- Intermediate care
- Nursery facility

4. Next steps

- 6.1 Completion of option appraisal with recommendations
- 6.2 Decision on the nature and length of consultation and consultation plan
Launch of consultation with support of Local Clinical Commissioning Committee and SLHT Board